

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>ppm</i>	67814	10/11/00
<b>O.I.P.E. CLASSIFIER</b>		8	10-17-00
<b>FORMALITY REVIEW</b>	<i>A.M</i>	580	11-03-00
<b>RESPONSE FORMALITY REVIEW</b>	<i>TZ</i>	5C943	08-26-01

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1 ✓	10-08
2 ✓	6-05
3 ✓	
4 ✓	
5 ✓	
6 ✓	
7 ✓	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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